

RECEIVED
CENTRAL FAX CENTER

SEP 09 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application Serial No..... 10/642,454
Filing Date August 13, 2003
Inventor Eugene P. Marsh
Assignee Micron Technology, Inc.
Group Art Unit 2811
Examiner Unknown
Attorney Docket No..... MI22-2382
Customer No..... 021567
Title: Platinum-Containing Integrated Circuits and Capacitor Constructions

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

The attached form PTO-1449 is submitted in compliance with 37 CFR §1.56. A copy of the cited Japanese application is attached. No admission is made regarding whether the listed reference is prior art.

Citation of the referenced art is respectfully requested.

This Supplemental Information Disclosure Statement is being filed before the mailing date of a first Office Action. There, no fee is believed to be required. However, in the event that a fee is required for filing this Information Disclosure Statement, please charge the fee specified under 37 C.F.R. § 1.17(p) to Deposit Account No. 23-0925.

Respectfully submitted,

Dated: 9/9/04By: 
David G. Latwesen, Ph.D.
Reg. No. 38,533

| Form PTO-1449 | | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | | ATTY. DOCKET NO. MI22-2382 | | SERIAL NO. 10/642,454 | |
|---|----|---|----------|---------|--------------------------------|----------|-------------------------------|----|
| | | LIST OF ART CITED BY APPLICANT (Use several sheets if necessary) | | | APPLICANT: Eugene P. Marsh | | | |
| | | | | | FILING DATE August 13, 2003 | | GROUP 2811 | |
| U.S. PATENT DOCUMENTS | | | | | | | | |
| *Examiner's Initials | | Document Number | Date | Name | Class | Subclass | Filing Date If Appropriate | |
| | AA | | | | | | | |
| | AB | | | | | | | |
| | AC | | | | | | | |
| | AD | | | | | | | |
| | AE | | | | | | | |
| | AF | | | | | | | |
| | AG | | | | | | | |
| | AH | | | | | | | |
| | AI | | | | | | | |
| FOREIGN PATENT DOCUMENTS | | | | | | | | |
| | | Document Number | Date | Country | Class | Subclass | Translation | |
| | AJ | H09-239891 | 12/16/97 | Japan | | | Yes | No |
| | AK | | | | | | | |
| | AL | | | | | | | |
| OTHER REFERENCES (including Author, Title, Date, Pertinent Pages, Etc.) | | | | | | | | |
| | AM | | | | | | | |
| | AN | | | | | | | |
| | AO | | | | | | | |
| EXAMINER | | DATE CONSIDERED | | | | | | |
| *EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. | | | | | | | | |

RECEIVED
CENTRAL FAX CENTER

SEP 09 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application Serial No..... 10/642,454
 Filing Date August 13, 2003
 Inventor Eugene P. Marsh
 Assignee Micron Technology, Inc.
 Group Art Unit..... 2811
 Examiner Unknown
 Attorney Docket No..... MI22-2382
 Customer No. 021567
 Title: Platinum-Containing Integrated Circuits and Capacitor Constructions

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR § 1.8

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (703) 872-9306 on the date shown below:

1. Certificate of Facsimile Transmission
2. Transmittal Form (PTO/SB/21)
3. Supplemental Information Disclosure Statement
4. Form PTO-1449
5. Copy of cited reference

Dated: Sept. 9, 2004

By:

Muriel G. Dunnigan

Muriel G. Dunnigan

Telephone No. (509) 624-4276

Facsimile No. (509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 14

FEE DEFICIENCY

Although it is believed that no fees are due, the Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 and 1.17 which may be required by this paper to Deposit Account No. 23-0925.

Dated: 9/9/04By: 

David G. Latwesen, Ph.D.; Reg. No. 38,533
Telephone No. (509) 624-4276

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

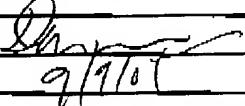
(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|-----------------|
| | | Application Number | 10/642,454 |
| | | Filing Date | August 13, 2003 |
| | | First Named Inventor | Eugene P. March |
| | | Art Unit | 2811 |
| | | Examiner Name | Unknown |
| Total Number of Pages In This Submission | 14 | Attorney Docket Number | MI22-2352 |

ENCLOSURES (Check all that apply)

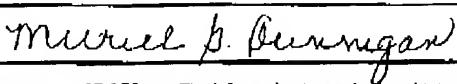
| | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Cert of Facsimile Transmission Form PTO-1449; Copy of cited reference |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |
| Customer No. 021567 | | |
| NO FEE IS REQUIRED WITH THIS FILING. | | |
| However should a fee be determined as owing, please charge such fee to Deposit Account No. 23-0925. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | David G. Lawesen, Ph.D.; Reg. No. 38,533 Wells St. John P.S. |
| Signature |  |
| Date | 9/9/04 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | |
|-----------------------|---|
| Typed or printed name | Muriel G. Dunnigan |
| Signature |  |
| Date | September 9, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.